

STATE TELECOMMUNICATIONS MANAGEMENT MANUAL

State of California
Department of Technology Services

Statewide Telecommunications
and Network Division

Category:

**Agency
Telecommunications
Management**

Chapter Title:

**State Telephone
Directory Listings
Coordinators Form**

Chapter Number:

0299.1

Issued: September 30, 1996

Revision A

Revised: July 11, 2005

State Telephone Directory Listings Coordinators Form — submit to Directory Services each time a primary or backup Directory Listing Coordinator is changed.

STATEWIDE TELECOMMUNICATIONS AND NETWORK DIVISION

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**DIRECTORY LISTING COORDINATOR (DLC)
DESIGNATION FORM****Note: All fields are required to be completed**

PLEASE PRINT CLEARLY	Primary DLC Information:	Secondary DLC Information
DLC Name:		
DLC Title:		
Telephone Number:	() _____ - _____ x _____	() _____ - _____ x _____
Fax Number:	() _____ - _____	() _____ - _____
Agency Name and Mailing Address: (Include City/State/Zip)		
DLC Mailing Address: (If different from above) (Include City/State/Zip)		
Section Name: (If applicable)		
Unit Name: (If applicable)		
Inter-Agency Mail Station (IMS) Code (For State Agencies Only)		
E-Mail Addresses: (Please provide 2 different e-mail addresses to help ensure at least one person receives the info)		
ACTION TO BE TAKEN: (Put an X in the appropriate box(s))		
Add as new primary DLC:	Y [] N []	
Remove current primary DLC:	Y [] N []	
Add as new secondary DLC:		Y [] N []
Remove current secondary DLC:		Y [] N []
Other Change or Comments:		
Effective Date:		
<div style="display: flex; justify-content: space-between;"> <div> _____ Manager/Supervisor Signature: </div> <div> _____ Manager/Supervisor Name/Title: (Printed) </div> </div>		

LINK TO: [DLC DESIGNATION FORM INSTRUCTIONS](#)